



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

---

In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MQB/168921

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed September 24, 2015, under Wis. Admin. Code, §HA 3.03(1), to review a decision by Milwaukee Enrollment Services to discontinue Medicare Premium Assistance, a hearing was held on October 28, 2015, by telephone. A hearing set for October 13, 2015 was rescheduled at the petitioner's request.

The issue for determination is whether petitioner's income is over the limits for Medicare Premium Assistance.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

||

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: [REDACTED]  
Milwaukee Enrollment Services  
1220 W. Vliet Street  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner has been eligible for Medicare Premium Assistance under the Qualified Medicare Beneficiary (QMB) program. He had an eligibility review due by the end of September, 2015. Petitioner completed the review but it was not confirmed.

3. By a notice dated September 18, 2015, the agency informed petitioner that QMB would end October 1, 2015 because he did not complete his review and because his income was over the limit.
4. Petitioner has monthly earned income of \$1,034.40. He receives \$674 monthly social security, \$79 monthly federal Supplemental Security Income (SSI), \$83.78 state SSI, and \$95.99 state SSI-Exceptional Expense.

### **DISCUSSION**

QMB, Special Low Income Medicare Beneficiary (SLMB), and SLMB Plus are programs which provide assistance with Medicare Part B premiums for persons whose incomes are over the regular Medical Assistance (MA) limits. All three programs pay the entire Part B premium. See the MA Handbook, Appendix 32.1.1 for a full description of the programs.

The programs have progressively higher income limits. The QMB income limit for one person is \$980.83. Handbook, App. 39.5. The SLMB limit is \$1,177. Handbook, App. 32.3 and 39.5. A person qualifies for SLMB Plus if income is below \$1,324.13. Handbook, App. 32.4 and 39.5. SLMB Plus is not available to a person who already receives MA, however. Handbook, App. 32.4.1. Because petitioner receives SSI he receives MA and thus would not be eligible for SLMB Plus.

The agency budgeted \$1,976.77 as petitioner's monthly income. There is an earned income deduction of \$554.50 and a standard \$20 deduction, meaning that net income was \$1,420.27, which is above even the SLMB Plus limit for October, 2015 eligibility.

### **CONCLUSIONS OF LAW**

Petitioner's income is over the Medicare Premium Assistance limit.

**THEREFORE, it is**

**ORDERED**

That the petition for review is hereby dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

## APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 30th day of October, 2015

---

\sBrian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

Brian Hayes, Administrator  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on October 30, 2015.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability